



AFFIDAVIT OF DOMESTIC PARTNERSHIP

We, _____, and _____
Print Full Name of Employee Print Full Name of Domestic Partner

Certify that we are domestic partners according to the following definition contained in the City of Fort Worth Personnel Rules and Regulations:

A domestic partner is defined as an individual of the same or opposite gender as the employee, who is 18 years of age or older, who has lived in the same household as the employee for at least six months and shares the common resources of life in a close, personal intimate relationship with the City employee, neither of whom is married or related by blood, if, under Texas law, the individual would not be prevented from marrying the employee on account of consanguinity or prior undissolved marriage to another. A domestic partnership is not proof of an informal marriage (common-law marriage), as defined by Section 2.401 of the Texas Family Code.

We understand that we will be asked to produce the following documentation that we meet and/or continue to meet the above definition.

- Proof of the same residency for at least 6 months, driver's licenses listing a common address; and
- Two of the following documents:
 - Joint deed or mortgage agreement to demonstrate common ownership of real property or a common leasehold interest in property;
 - Common ownership of a motor vehicle;
 - Proof of joint bank accounts or credit accounts;
 - Proof of designation as the primary beneficiary for life insurance, or primary beneficiary designation under a partner's will and/or;
 - Assignment of a durable property power of attorney or health care power of attorney.

We agree that if our relationship changes so that we no longer meet the above definition, the employee must file a Termination of Domestic Partnership Form with the City's Human Resource Office within thirty (30) days after the change. Termination of the Domestic Partnership will result in termination of all medical and dental coverage offered by the City of

Fort Worth. Domestic Partners are not eligible to receive continuation of coverage under COBRA.

This Affidavit and Agreement is submitted to the City of Fort Worth specifically to qualify the Domestic Partner for coverage under the medical and/or dental plans offered by the City of Fort Worth, with the understanding that the eligibility of the Domestic Partner for such benefits depends on the truthfulness of our statements in this Affidavit. We understand that knowingly providing false or misleading information in this document will result in disciplinary action against the Employee and that the City may recover from either or both the Employee and the Domestic Partner, all costs incurred by the City related to benefit coverage for the Domestic Partner.

We understand that current participation in the City's medical and/or dental plan is not a guarantee of future health benefits, nor a guarantee of City contributions to health care premiums in the future. The City of Fort Worth reserves the right to modify or discontinue health care benefits and/or its contribution to health care premiums at any time.

Each of us affirms that we have read this document, that the statements herein are true and correct, that we understand the content and importance of the agreements herein, and that the representations made by us in this Affidavit are true and correct.

Employee Signature

Date

Domestic Partner Signature

Date